





### **About Aging and Disability Resource Centers**

he national Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) designed to streamline access to long-term care. The ADRC initiative is part of a nationwide effort to restructure services and supports for older adults and younger persons with disabilities and it complements other long term care system change activities designed to enhance access to community living. ADRCs serve as integrated or single points of entry into the long term care system and are designed to address many of the frustrations individuals and their families experience when trying to access needed information, services, and supports. Single points of entry systems strive to make services and supports simpler to access, reduce consumer confusion, and build consumer trust by enhancing individual choice and informed decision-making.

he national vision is to have Aging and Disability Resource Centers in every community serving as highly visible and trusted places where people of all ages and income levels can turn for information on the full range of long term support options. Between 2003-2005, AoA and CMS awarded forty-three states and territories three-year grants to develop ADRC programs. Other states are also developing single entry point systems to better coordinate and/or redesign their existing systems of information, assistance and access to long term care.

#### **Key Functions of an ADRC**

#### Awareness & Information

- Public Education
- Information on Options

#### Assistance

- Options Counseling
- Benefits Counseling
- Employment Options Counseling
- Referral
- Crisis Intervention
- Planning for Future Needs

#### Access

- Eligibility Screening
- Private Pay Services
- Comprehensive Assessment
- Programmatic Eligibility Determination
- Medicaid Financial Eligibility Determination
- One-Stop Access to All Public Programs













# **About the ADRC Technical Assistance Exchange**

he ADRC Technical Assistance Exchange (ADRC-TAE) is funded by the Administration on Aging and operates in partnership the Centers for Medicare and Medicaid Services. Managed by The Lewin Group, the ADRC-TAE offers direct technical assistance to states and local agencies designing, developing, implementing, and evaluating ADRC programs and other single entry point systems and provides a forum for peer-to-peer exchange on policy and program infrastructure development. The ADRC-TAE brings together experts in the fields of long term care, aging services, disability services, and Medicaid policy from the following organizations:

#### The Lewin Group

http://www.lewin.com

#### National Academy for State Health Policy (NASHP)

http://www.nashp.org

#### Independent Living Research Utilization (ILRU)

http://www.ilru.org

#### National Association of State Units on Aging (NASUA)

http://www.nasua.org

#### National Council on Independent Living (NCIL)

http://www.ncil.org

#### **For More Information**

please visit the ADRC-TAE website: www.adrc-tae.org

**ADRC Technical Assistance Exchange Website** provides information about ADRC initiatives, programs, and tools, as well as resources about streamlining access to long term care, single point of entry systems, long term care options counseling, partnership, outreach and marketing, and much more.











#### **About this Readiness Assessment**

he Lewin Group designed this ADRC Readiness Assessment Survey to assist organizations in evaluating their readiness to perform key functions of Aging and Disability Resource Centers (ADRCs) and identifying areas where they might need to build capacity.

The items included in this Survey have been found to be closely associated with fully-functional ADRCs, based on the experiences of ADRC grantees since 2003. The Survey asks you to think about and assess your organization's capacity in seven key Program Areas important to an ADRC program:

1. Organization and Governance	. Page 05-06
2. Personnel Management and Training	Page 07-08
3. Service Delivery and Operations	Pages <b>09-2</b> 0
Point of Contact	.Page 09-11
Information & Referral/Assistance	.Page 12-14
Long Term Care (LTC) Decision Support & Options Counseling Page	Page 15-16
Coordinated Access & Assessment	.Page 17-20
4. Outreach and Marketing	. Page 21-22
5. Information Technology and Management Information Systems (IT/MIS)	)
Capacity and Support	Page 23-25
6. Partnerships	Page 26-27
7. Evaluation and Monitoring	Page 28-29

Your score in each area should help you determine the Program Areas in which you have a high level of capacity, or which are important areas for growth and development.

web-based electronic version of this Survey is also available for completion online at (http://www.adrc-tae.org). The web-based electronic version has many advantages in that survey results can be saved, edited and accessed later. Furthermore, in the electronic version, the feedback is more individually tailored based on respondents' answers and can be saved as an Overall Assessment of Readiness report. This paper-based version of the Survey was adapted from the electronic version for use during in-person trainings and for completion in group settings, such as Advisory Board meetings. This version provides a scale after each Program Area to help respondents' assess their readiness in that area and offers general advice with links to additional resources.













#### **Instructions**

#### Step I—Complete Survey

Review the Program Areas listed on page 3, select the Area or Areas you would like to assess, and open the booklet to that page. Read each statement in the Program Area and select the answer option next to the item indicating the response that most closely matches—to the best of your knowledge—the current capacity of your organization (or coalition of organizations).

#### Step II—Score Your Results

Fill in the point value associated with the answer option you selected for each item in the scoring box beside the item. Add the number of points in each scoring box in a Program Area to calculate your total score for that Program Area.

#### Step III—Review Feedback and Resources

Compare your total score to the Scoring Scale at the end of the Survey section to learn whether your answers indicate a high or low level of readiness for taking on ADRC functions in that area. Underneath the scoring scale, you will find more information about the Program Area, some general suggestions for building capacity in this area, and links to additional resources that may help your organization or coalition of organizations build capacity in this area.

#### A note about who should complete this Survey:

his Survey is designed for organizations operating at the state or local level that are considering becoming an ADRC or taking on ADRC functions in the future. It may also be used by existing ADRCs to help assess the progress they have made toward becoming fully functional and to identify areas for growth.

Many ADRC initiatives are undertaken through the partnership of two or more community organizations. An individual may complete this Survey for their own organization or for a coalition of organizations. It also may be completed by a group of individuals in settings such as an Advisory Board meeting. If your organization plans to develop an ADRC Program through a partnership or coalition of organizations, you may want to work with your partners to complete one Readiness Assessment Survey for the whole coalition rather than limiting the scope of your assessment to one organization. In this case, when responding to particular items in the Survey, you should consider whether any of the organizations in the coalition have the capacity described.





(Questions 1—13)

Aging and Disability Resource Center Readiness Assessment Survey

#### **Point Values**



# Organization & Governance

#### **Mission and Structure**

	1.	The organization's mission statement was developed in collaboration with staff, consumers and other stakeholders	Yes No Don't Know	
	2.	The organization's mission statement is related to the AoA/CMS vision for ADRCs	Yes No Don't Know	
Lead	ers	hip		
	3.	The organization has a chart showing the organizational structure, staff positions and lines of authority in the organization	Yes No Don't Know	
	4 .	The organization has a director that meets <b>established minimum qualifications</b>	Yes No Don't Know	
	5.	The organization has a governing body with by-laws and other governing documents in place	Yes	
	6.	The organization has an <b>advisory body</b>	Yes No Don't Know	
,	7.	The advisory body meets regularly, is active and consistently engaged	Yes	$\overline{}$
	8.	There is a system in place for regularly recruiting new members for the advisory body and replacing inactive members	Don't Know  Yes  No	Н
	9.	The organization has an advisory body with <b>significant</b> consumer representation	Don't Know  Yes  Don't Know	
Budg	et		Yes	
_	10.	The organization has a formal budget development process	No Don't Know	
	11	The organization has established fiscal accountability procedures	Yes	

#### **Long Term Planning**

- 13. The organization's operating funds come from diverse and varied sources.....



Don't Know

Please see the Glossary at the back of this booklet for more information

about Bolded Terms.





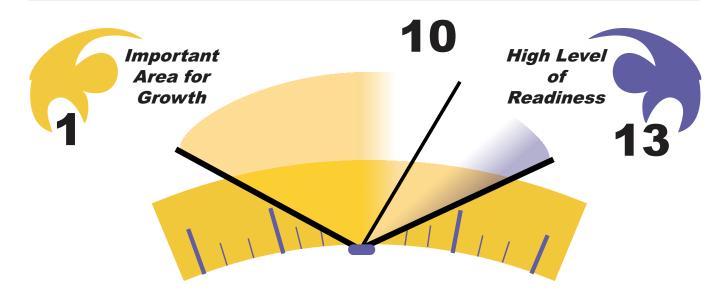
**This Area Total** 





#### Program Area

# **Organization & Governance**



rganizations that share a similar mission and service philosophy to that of the ADRC mission are better positioned to make the transition to becoming an ADRC and sustain that transition over time.

Strong leadership and governance are critical to ADRC operations. ADRC programs must meaningfully involve consumers from all the target populations they serve, caregivers, and other stakeholders in planning, implementation and evaluation activities. Their input is essential to building a person-centered system and delivering quality customer service.

Successful ADRCs have an individual who is assigned to be the overall director/manager/coordinator of ADRC operations. When ADRC functions occur in more than one location or agency, it is especially important to have an overall coordinator or manager with sufficient authority to maintain quality processes in an ADRC.

#### Suggested Resources

ADRC-TAE Training Handout: General Overview of ADRC Initiative http://www.adrc-tae.org/tiki-download\_file. php?fileId=26842

ADRC-TAE ADRC Business Plan Template http://www.adrc-tae.org/tiki-download\_file.php?fileId=2845

ADRC-TAE Issue Brief—
Facilitating a Productive Advisory Committee
http://www.adrc-tae.org/tiki-download\_file.php?fileId=2824

More resources, example job descriptions, and other materials are available on the ADRC-TAE Website http://www.adrc-tae.org/tiki-index.php?page ref id=797



(Questions 14—24)

Aging and Disability Resource Center Readiness Assessment Survey

#### **Point Values**

1 Yes

0 No

O Don't Know

# Personnel Management & Training

uan	TIC	itions	No experience	0 🗆
	14.	Rate the level of experience the organization's staff have in serving	Limited experience	1 🗆 🦳
		older adults	Moderate experience	2 🗆
			Significant experience	3 🗆
	15.	Rate the level of experience the organization's staff have in serving	No experience	0 🗆
		people under age 60 with disabilities	Limited experience	1 🗆
			Moderate experience	
			Significant experience	3 🗆
	16.	Rate the level of experience the organization's staff have in serving	No experience	0 🗆
		different ethnic and cultural groups in the community	Limited experience	1 🗆
			Moderate experience	
	47	ANCHES COLORS CONTROL	Significant experience	3 🗆
	17.	Written job descriptions have been developed for all staff positions		
		that describe roles, responsibilities and minimum qualifications to perform core-job duties	Yes	
		perform core-job duties	Don't Know	
rain	ing			
	18.	There are procedures for determining the adequacy of the number of	Yes	
		staff to perform core duties of the organization	Don't Know	- 1
	19.	Policies and procedures are in place regarding <b>new staff training</b>	□ No	
			Don't Know	
	20.	Policies and procedures are in place regarding <b>ongoing staff</b>	Yes	
	_0.	training	No Don't Know	- 1
			bon t know	
	21.	Policies and procedures are in place to provide ongoing staff training	Yes	
		with regard to serving older adults	No Don't Know	- 1
	22		Yes	
	22.	Policies and procedures are in place to provide ongoing staff training	No	
		with regard to serving people under age 60 with disabilities	Don't Know	
	23.	Policies and procedures are in place to facilitate regular <b>cross</b>	Yes	
	_0.	training of staff within the organization, as appropriate	No Don't Know	- 1
		, 1900	BOIL FULLOW	-
	24.	Policies and procedures are in place to facilitate regular <b>cross</b>	Yes	
		training with staff of partnering organizations	No Don't Know	
			1	

Please see the Glossary at the back of this booklet for more information

about **Bolded Terms**.





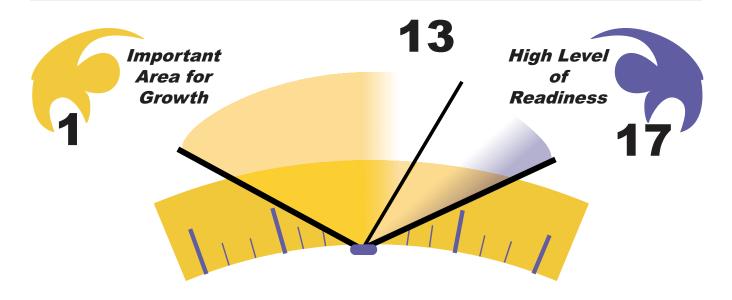






#### Program Area

# **Personnel Management & Training**



DRCs must have adequate staff capacity to carry out ADRC functions of awareness, assistance, and access for people with disabilities of all ages. ADRCs must demonstrate competence in serving all persons with disabilities either in-house or through formal partnerships with other community organizations. One way to ensure this is to establish policies and procedures for ongoing staff training and cross training with other organizations.

Many ADRCs report that call volume and work load increase as they focus more on marketing and community outreach. It is important for ADRCs to closely monitor staffing levels and plan for increasing capacity as service volume increases.

#### Suggested Resources

ADRC-TAE ADRC Business Plan Template http://www.adrc-tae.org/tiki-download\_file.php?fileId=2845

South Carolina's ABCs of ADRCs Replication Manual http://www.adrc-tae.org/tiki-download\_file php?fileId=26824

ADRC-TAE Issue Brief: Long Term Support for Individuals with Mental Retardation/Developmental Disabilities

http://www.adrc-tae.org/tiki-download\_file.php?fileId=2826

ADRC-TAE Issue Brief: Supporting Adults with Physical Disabilities

http://www.adrc-tae.org/tiki-download\_file.php?fileId=2822



(Questions 25—46)

Aging and Disability Resource Center Readiness Assessment Survey

#### **Point Values**

1 Yes

0 No

O Don't Know

# **Service Delivery and Operations**

<b>Point of</b>	Contact	In Person	1 🗆
25.	Consumers access services at the organization in the following ways (please check all that apply; count all points when scoring)	By Telephone	1 □ □ □ I □ I □ I □ I □ I □ I □ I □ I □
26.	The organization's physical sites are well marked and clearly identifiable	Yes No Don't Know	
27.	Offices are located in places convenient and accessible to all people in the organization's service area	Yes Don't Know	
28.	Services are provided in environments that ensure confidentiality	Yes No Don't Know	
29.	The organization has a physically accessible space to meet with all potential service populations	Yes No Don't Know	
30.	The organization routinely conducts home visits for clients needing extra assistance	Yes No Don't Know	
31.	The organization's main offices and satellite offices maintain regular business hours	Yes No Don't Know	
32.	Telephone services are available during regular business hours	Yes No Don't Know	
33.	Telephone services are available on weekends and after regular business hours	Yes No Don't Know	
34.	Telephone services are accessible to people who are  Deaf or hard of hearing	Yes No Don't Know	

Please see the Glossary at the back of this booklet for more information



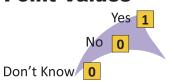




#### **Point Values**

Aging and Disability Resource Center Readiness Assessment Survey





# **Service Delivery and Operations**

## **Point of Contact (cont.)**

Don't	Yes No Know	35.	An answering service or automated phone attendar answers calls after hours and when staff are not available.	
Don't	Yes No Know	36.	Messages left in automated answering systems are timely manner and no later than the next business	
Don't	Yes No No Know	37.	If needed, staff can transfer calls to other organizat callers do not have to hang up and make another pl	
Don't	Yes No No Know	38.	All telephone contacts are documented and record reporting.	ed to support
Don't	Yes No Know	39.	Contact information is collected from callers, as appropriate monitoring and provision of follow-up serv	
Don't	Ves No	40.	The organization has a website with up-to-date info about the organization, directions, hours of operati information and services that are available.	
Don't	No No	41.	Website "visits" and "hits" are tracked and monitor	ed. * (if applicable)
Don't	Yes No No Know	42.	The information on the website is accessible to ethic linguistically diverse populations.	nic and * (if applicable)
Don't	Yes No Yes	43.	The website has been tested and verified as <b>unive accessible</b> for people with a range of physical a disabilities.	-
Don't	No No Yes Yes	44.	The organization's website has a searchable databa and services for all target populations in the service	e area.
Don't	No No Yes	45.	All listings in the resource database included on the updated on a regular basis.	* (if applicable) website are
	No 🔲			<b>≭</b> (if applicable)
Don'i	: Know 🔃	46.	Website users can access decision-support tools to identify needs and appropriate services and suppor	•

#### **This Area Total**



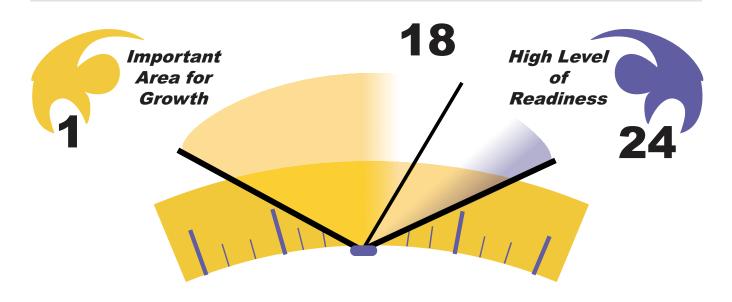






#### **Program Component**

#### **Point of Contact**



Successful ADRCs devote significant attention to making sure a consumer's first contact with the ADRC is a positive one. Being accessible in a variety of ways makes the ADRC responsive to consumer needs and preferences. Services should be available during the times consumers most need them and in locations where they feel comfortable. For some ADRCs this may mean offering extended service hours for caregivers or consumers who work, maintaining accessible websites with consumer decision-making tools, or making arrangements with other organizations, such as 211, to provide after hours support. This may also include meeting consumers where they are, by taking mobile vans into rural areas or making home visits.

#### Suggested Resources

ADRC-TAE Issue Brief— Excellent Customer Service in an ADRC http://www.adrc-tae.org/tiki-download\_file. php?fileId=2838

NASUA Vision 2010: Toward a Comprehensive Aging Information Resource System for the 21st Century

http://www.nashp.org/Files/NASUA Vision.pdf

ADRC-TAE Issue Brief - Developing Accessible Websites http://www.adrc-tae.org/tiki-download\_file.php?fileId=2834

More resources and example staff training materials are available on the ADRC-TAE Website

http://www.adrc-tae.org/tiki-index.php?page=p\_landRA



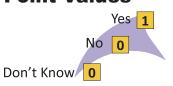
#### **Point Values**

Aging and Disability Resource Center Readiness Assessment Survey



Please see the Glossary at the back of this booklet for more information

about **Bolded Terms**.



This Page Total

# **Service Delivery and Operations**

#### **Information & Referral Assistance**

	Yes No Don't Know	47.	The organization provides Information & older adults and their families about seni	
	Yes No Don't Know	48.	The organization provides Information & for people with disabilities of all ages and disability services.	
	Yes No Don't Know	49.	The organization maintains and uses a recontains comprehensive information regardled services (such as housing, transport	arding long-term care and
	V -		*	This question may apply to a local or statewide system
	No No	50.	The organization maintains its resource d	atabase electronically.
_	Don't Know		*	This question may apply to a local or statewide system
	Yes No Don't Know	51.	Information in the resource database is o established classification system.	rganized according to an
_	Voc		*	This question may apply to a local or statewide system
	No Don't Know	52.	There are procedures for updating and re resource database on a regular basis.	vising information in the
	Yes No		*	This question may apply to a local or statewide system
	Don't Know	53.	The resource database includes service a consumers who can pay privately for serv	
	Yes No Don't Know	54.	Referrals are made in an objective way the choice.	at maximizes consumer
	Yes No Don't Know	55.	Information about referrals made to othe providers is recorded electronically.	er organizations or service



# Point Values 1 Yes 0 No Don't Know

# **Service Delivery and Operations**

#### **Information & Referral Assistance (cont.)**

56.	Recorded referral information is used to assess the effectiveness and objectivity of the organization's referral policies	Yes No Don't Know	
57.	One or more Information and Referral/Assistance specialists in the organization is certified by the <b>Alliance of Information and Referral Systems (AIRS)</b>	Yes No Don't Know	
58.	The organization has developed written procedures describing how and under what circumstances referrals will be made to and received from at least one key partnering organization	Yes  Don't Know	
59.	The organization has written procedures concerning the processes for receiving and referring callers to <b>crisis intervention services</b> during and after regular business hours	Yes No Don't Know	
60.	The organization has a chain of command for who receives and refers callers to <b>crisis intervention services</b> during and after regular business hours	Yes No Don't Know	
61.	The organization has established partnerships and referral protocols with other local and statewide I&R/A providers	Yes  No  Don't Know	



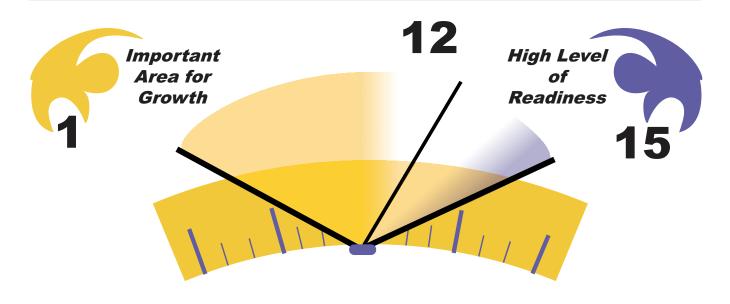






#### **Program Component**

#### Information & Referral/Assistance



solid Information and Referral/Assistance system is the foundation for building an ADRC. ADRCs should have referral protocols with key partners, and have procedures in place for routine consumer follow up.

Having reliable, comprehensive, and well-organized information to provide is the first step in serving consumers in a consistent manner. Information regarding providers, programs, and services available in the ADRC service area should be collected and organized in an electronic database and should conform to established inclusion/exclusion criteria. Resources should be categorized using a consistent taxonomy and there should be a system in place for updating and ensuring the accuracy of the information provided. Many ADRCs use the Alliance for Information and Referral Systems (AIRS) standards as guidance. Also, many ADRC states have built web-based statewide databases that professionals and consumers can use to find services in their areas. This has proven to be an effective and efficient way to make information available in all parts of the state, as well as to out-of-state caregivers.

#### Suggested Resources

NASUA Vision 2010: Toward a Comprehensive Aging Information Resource System for the 21st Century http://www.nashp.org/Files/NASUA Vision.pdf

Alliance of Information & Referral Systems (AIRS) Standards http://www.nashp.org/Files/AIRS\_Standards.pdf

Setting Inclusion/Exclusion Criteria: Determining the Scope of a Resource File

http://www.nasua.org/pdf/inclusion exclusion.pdf

More information about I&R database development and maintenance are available on the ADRC-TAE Website http://www.adrc-tae.org/tiki-index.php?page=p Databases



# **Service Delivery and Operations**

# Point Values 1 Yes 0 No Don't Know

#### LTC Decision Support & Options Counseling

62.	This organization assists individuals with making decisions about long term care	Yes No	
63.	This organization provides <b>options counseling</b> to consumers	Don't Know	
	about long term care supports and services	Yes	
(if the	e answer is no, or don't know, skip questions 65-71)	Don't Know	
64.	Staff are specifically trained to provide options counseling		
		Yes No	
65.	Check the point or points in the process of interacting with consumers	Don't Know	
03.	that options counseling is provided: <i>(check all that apply)</i>		
	During initial I&R call or appointment1		
	When support with long term care decision-making is requested1		
	When consumers are referred for long term care services1		
	When assessment is made for programmatic eligibility1	<b>=</b>	
	After an application for a public long term care program has been initiated1		total
	As part of a pre-admission screening process1		totai
	Provided through SHIP counseling		
66.	Options counselors explore the full range of community living programs and services offered locally and/or statewide	Yes	
66. 67.	programs and services offered locally and/or statewide	Yes No Don't Know	
		No Don't Know	
67.	Options counselors explore both public and private service and support alternatives	No Don't Know  Yes No	
	Options counselors explore both public and private service and support alternatives.  Options counselors provide continuing or follow-up services for	No Don't Know	
67.	Options counselors explore both public and private service and support alternatives	No Don't Know  Yes No Don't Know  Yes	
67.	Options counselors explore both public and private service and support alternatives  Options counselors provide continuing or follow-up services for consumers as appropriate	No Don't Know  Yes  No Don't Know	
67. 68.	Options counselors explore both public and private service and support alternatives.  Options counselors provide continuing or follow-up services for	No Don't Know  Yes  No Don't Know  Yes  No Don't Know	
67. 68. 69.	Options counselors explore both public and private service and support alternatives  Options counselors provide continuing or follow-up services for consumers as appropriate  This organization can record the number of people who receive options counseling for reporting	No Don't Know  Yes  Don't Know  Yes  No  No  No	
67. 68.	Options counselors explore both public and private service and support alternatives  Options counselors provide continuing or follow-up services for consumers as appropriate  This organization can record the number of people who receive options counseling for reporting  Follow up is conducted with some or all individuals to determine the	No Don't Know  Yes Don't Know  Yes Don't Know  Yes No Don't Know	
67. 68. 69.	Options counselors explore both public and private service and support alternatives  Options counselors provide continuing or follow-up services for consumers as appropriate  This organization can record the number of people who receive options counseling for reporting	No Don't Know  Yes No Don't Know  Yes No Don't Know  Yes No Don't Know	
<ul><li>67.</li><li>68.</li><li>69.</li><li>70.</li></ul>	Options counselors explore both public and private service and support alternatives  Options counselors provide continuing or follow-up services for consumers as appropriate  This organization can record the number of people who receive options counseling for reporting  Follow up is conducted with some or all individuals to determine the outcomes of options counseling	No Don't Know  Yes No Don't Know	
67. 68. 69.	Options counselors explore both public and private service and support alternatives  Options counselors provide continuing or follow-up services for consumers as appropriate  This organization can record the number of people who receive options counseling for reporting  Follow up is conducted with some or all individuals to determine the outcomes of options counseling	No Don't Know  Yes Don't Know  Yes No Don't Know  Yes No Don't Know  Yes No Don't Know	
<ul><li>67.</li><li>68.</li><li>69.</li><li>70.</li></ul>	Options counselors explore both public and private service and support alternatives	No Don't Know  Yes Don't Know  Yes No Don't Know  Yes No Don't Know  Yes No Don't Know  Yes No Don't Know  Yes	
<ul><li>67.</li><li>68.</li><li>69.</li><li>70.</li></ul>	Options counselors explore both public and private service and support alternatives  Options counselors provide continuing or follow-up services for consumers as appropriate  This organization can record the number of people who receive options counseling for reporting  Follow up is conducted with some or all individuals to determine the outcomes of options counseling	No Don't Know  Yes No Don't Know  Yes No Don't Know  Yes No Don't Know  Yes No Don't Know  Odd No Don't Know	
<ul><li>67.</li><li>68.</li><li>69.</li><li>70.</li></ul>	Options counselors explore both public and private service and support alternatives	No Don't Know  Yes No Don't Know	

Please see the Glossary at the back of this booklet for more information



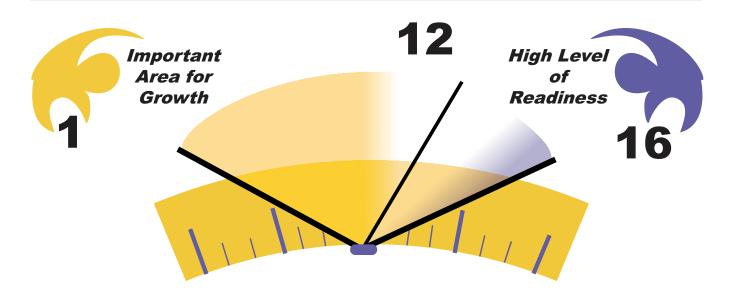






#### **Program Component**

## LTC Decision Support & Options Counseling



ptions counseling is a key function of an ADRC because it facilitates informed decision-making. ADRCs need to give serious consideration to how they support consumer decision-making. They should establish procedures for determining when and to whom options counseling will be provided and ensure that consumers are offered individualized support based on their needs and preferences. This may involve developing on-going relationships with consumers and providing extensive follow-up services. It's also important to track the outcomes of options counseling and the impact it has on individuals' lives (such as prevention of institutionalization).

ADRCs should have standard procedures for handling consumers in crisis or emergency situations, as well as ways of identifying consumers who would benefit from assistance in planning for future long term care needs. ADRCs should have the capacity to provide information about health promotion and disease prevention to individuals who would benefit from support in this area.

#### Suggested Resources

ADRC-TAE Training Handout: Options Counseling Topic Overview

http://www.adrc-tae.org/tiki-download\_file.php?fileId=26844

ADRC-TAE Issue Brief: LTC Options Counseling: Decision Support in ADRCs http://www.adrc-tae.org/tiki-download\_file. php?fileId=26556 Wisconsin ADRC Options Counseling Toolkit http://www.adrc-tae.org/tiki-index.php?page=LTCOptionsToolkit

Administration on Aging: Own Your Future LTC Planning Kit http://www.adrc-tae.org/tiki-download file.php?fileId=2629



(Questions 72—81)

Aging and Disability Resource Center Readiness Assessment Survey

# Point Values 1 Yes 0 No Don't Know

# **Service Delivery and Operations**

#### **Coordinated Access & Assesment**

72.	The organization provides information about federal and state funded long term care programs including Medicaid services and HCBS waiver services	Yes	No Don't Know	
73.	The organization provides information about other publicly-funded programs (such as housing, transportation, TANF, health care, food stamps)	Yes	No Don't Know	
74.	Staff know where to refer individuals in order to access all types of public-sector services	Yes	No Don't Know	
75.	The organization provides information about private-pay programs and services	Yes	Vo	$\overline{}$
76.	Staff know where to refer individuals in order to access private-pay programs and services	Yes	Don't Know	
77.	Staff conduct an initial screening with consumers to determine their potential needs and/or to establish whether a full level of care (LOC) assessment should be conducted	Yes	No Don't Know	
78.	If the state where the organization is located requires that consumers be given a pre-admission screen prior to Nursing Facility admission, describe your organization's role in this process: <i>(check one only)</i>			
	No pre-admission screen required in this state0			
	The organization has an informal partnership with entity(ies) that conducts pre-admission screening			
	The organization has a formal partnership with an entity(ies) that conducts pre-admission screening			
	The organization's staff conduct the pre-admission screen3			
	Do not know whether pre-admission screen is required0			



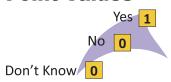




#### **Point Values**

Aging and Disability Resource Center Readiness Assessment Survey

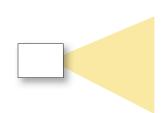




# **Service Delivery and Operations**

# **Coordinated Access & Assesment (cont.)**

79.	orga	ect the statement that best describes the role of staff in the anization in conducting functional /programmatic/level of care essments for public long term care programs: (check one only)
		The organization refers clients to the organizations that perform the level of care assessments for Medicaid long term care services and other publicly-funded programs (no formal policies or protocols in place)
		The organization has formal policies and protocols in place to refer clients to the organizations that perform the level of care assessments for Medicaid long term care services and other publicly-funded programs
		Staff from the organization that performs the level of care assessments are co-located with this organization on a full-time or part-time basis
		The organization's staff perform the level of care assessments that determine functional/clinical eligibility for Medicaid and other publicly funded programs
		Don't Know0
80.	orga fina	ect the statement that best describes the role of staff in the anization in initiating an application or determining consumers' notial eligibility for Medicaid and other publicly-funded long in care programs: <i>(check one only)</i>
		The organization's staff refer individuals who inquire about public programs to another entity to initiate financial application.0
		The organization's staff routinely collect preliminary financial information from individuals to determine if completing a full application is appropriate
		The organization's staff assist clients with completing financial applications (e.g. answer questions, help gather documentation)
		The organization is the entity that determines an individual's financial eligibility OR staff from the organization that determines financial eligibility are co-located with this organization full or part-time











# Point Values 1 Yes 0 No Don't Know

# **Service Delivery and Operations**

# **Coordinated Access & Assesment (cont.)**

81.	Select the statement that best describes the ability of the organization
	to track where consumers are in the financial eligibility determination
	process: (check one only)

This organization does not track where consumers are in the process of eligibility determination0	
This organization's staff calls the entity that determines eligibility and inquires about eligibility status on behalf of consumers, upon request1	
This organization's staff routinely inquire OR are routinely informed about the eligibility status of consumers2	
This organization's staff can access eligibility status information electronically (e.g. through shared management information system)2	
This organization is the entity that determines an individual's financial eligibility OR staff from the organization that determines financial eligibility are co-located with this organization full or part-time	
Don't Know0	





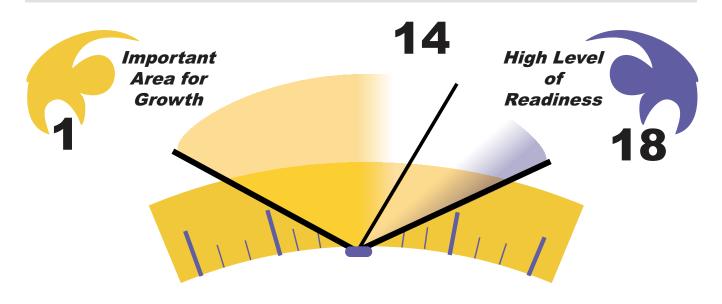






#### Program Area

#### **Coordinated Access & Assesment**



DRCs should serve as the single entry point to publicly-funded long term care services in their communities. The intake, assessment and financial eligibility processes should be integrated or so closely coordinated that they appear seamless for consumers. ADRCs have taken different approaches to achieve this. Some have integrated intake and eligibility determination processes into their organizations by co-locating eligibility workers with the ADRC. Others have developed formal partnership agreements with the organizations in their state that determine eligibility. In both types of models, ADRC consumers should receive reliable and consistent assistance in accessing public services no matter how they enter the system. Strategies for streamlining access through partnership and coordination include assisting consumers with initiating and filling out applications, developing applications that can be submitted on-line, sharing data so ADRCs can track consumers' eligibility status, and following up with consumers on waiting lists. In addition, ADRCs should understand the range of service options available to consumers who can pay privately for services and work to connect them with appropriate services. ADRCs should offer objective and unbiased information and counseling to private paying consumers, so they can make the best use of their resources.

#### Suggested Resources

ADRC-TAE Streamlining Access Self-Assessment and Workbook with State Examples: Hoops

http://www.adrc-tae.org/tiki-download\_file.php?fileId=27056

ADRC-TAE Issue Brief: Expediting Medicaid Financial Eligibility http://www.adrc-tae.org/tiki-download\_file. php?fileId=1701 More resources, example materials and tools about coordinating and streamlining access to long term supports and services are available on the ADRC-TAE Website

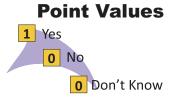
http://www.adrc-tae.org/tiki-index.php?page\_ref\_id=779



(Questions 82—91)

Aging and Disability Resource Center Readiness Assessment Survey

# **Outreach and Marketing**



82.	The organization has a formal outreach/marketing plan	Yes No Don't Know	
83.	Outreach and marketing initiatives include diverse strategies such as written materials, presentations, participation in health fairs, etc	Yes No Don't Know	
84.	The organization devotes resources and staff for achieving outreach and marketing objectives	Yes	$\equiv$
85.	Outreach and marketing initiatives are tailored, as appropriate, for ethnically and culturally diverse populations and different target populations	Don't Know  Yes  Don't Know	
86.	The organization partners or coordinates with other organizations in its outreach and marketing activities	Yes No	П
87.	The outreach/marketing plan promotes the organization as a trusted place where people can obtain comprehensive information and assistance about long-term care	Don't Know  Yes  Don't Know	
88.	The organization proactively reaches out to and provides information to providers along the critical pathways to long term care, including hospitals, nursing facilities, rehabilitation facilities, assisted living providers, home health agencies and physicians	Yes No Don't Know	
89.	The organization has formal procedures for assessing the effectiveness of its outreach and marketing activities	Yes No Don't Know	
90.	Assessment information is used to improve visibility and expand awareness of the organization and its services	Yes No Don't Know	
91.	The organization has specific marketing strategies targeted to individuals with private resources	Yes No Don't Know	

Please see the Glossary at the back of this booklet for more information about **Bolded Terms**.



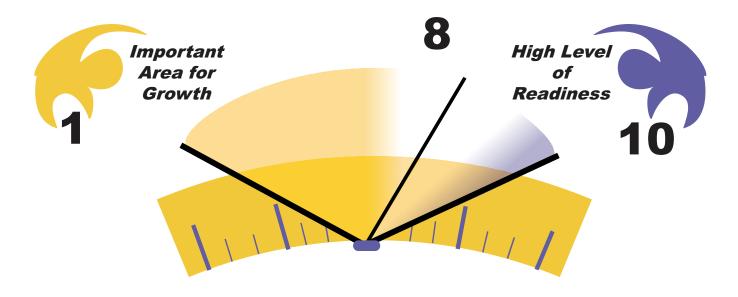






#### Program Area

# **Outreach and Marketing**



any ADRCs conduct joint marketing campaigns with other organizations in the community to maximize marketing resources. ADRCs serve as highly visible and trusted places where people can turn for the full range of long-term support options. It is particularly important to target outreach efforts toward older adults and people with disabilities of all income levels – including those who can pay for services with private resources. Essential elements to achieve this include: 1) formal marketing plans which are evaluated for effectiveness and include ways to reach each of the target populations; and 2) formal linkages between and among the critical pathways to long-term support.

A large percentage of ADRC referrals come from providers along the critical pathways to long term care. Strategies to reach critical pathways should include providing training and education about the SEP/ADRC to critical pathway providers (CPPs); involving CPPs in advisory boards or committees; and establishing formal protocols for referrals to and from the ADRC, particularly with hospitals and LTC facilities.

#### Suggested Resources

ADRC-TAE Issue Brief— Marketing to External Audiences http://www.adrc-tae.org/tiki-download\_file. php?fileId=2832

ADRC-TAE Issue Brief— Private Industry Lessons: Branding and Marketing http://www.adrc-tae.org/tiki-download\_file. php?fileId=26300 ADRC-TAE Training Handout— Marketing to and Serving Private Pay Consumers http://www.adrc-tae.org/tiki-download\_file. php?fileId=27298

National Organization on Disability Resource Collection: Marketing to People with Disabilities http://www.nod.org/index.cfm?fuseaction=Page.

nπp://www.nod.org/index.crm?τu viewPage&pageId=15 (Questions 92—105)

Aging and Disability Resource Center Readiness Assessment Survey

# **IT/MIS** Capacity and Support

#### Infrastructure

93. The organization has the appropriate management information systems and/or software to enable staff to enter, update and maintain electronic information about contacts, clients, resources and services.  94. The organization uses software that enables staff to track clients over time (after a referral is made or eligibility determined)		92.	The organization has the adequate computer hardware and the use of necessary management information systems to support its business functions	Yes No Don't Know	
Policies  95. The organization has written policies concerning the collection, analysis and reporting of client and service data		93.	systems and/or software to enable staff to enter, update and maintain	No	
95. The organization has written policies concerning the collection, analysis and reporting of client and service data		94.		No	
analysis and reporting of client and service data	Polic	eies			
in their jobs (e.g. as software functions or procedures change or updates are made)		95.		No	
28. Staff have access to IT support and assistance to ensure efficient operations at all times		96.	in their jobs (e.g. as software functions or procedures change	No	
operations at all times		97.		No	
99. The organization has formal policies regarding data security and confidentiality		98.	• •	No	
99. The organization has formal policies regarding data security and confidentiality	Data	Sto	orage and Sharing		
with the Health Insurance Portability and Accountability Act (as appropriate)			The organization has formal policies regarding data security and	No	
relevant state laws and regulations		100.	with the Health Insurance Portability and Accountability Act	No	
		101.		No	

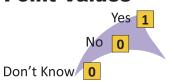




#### **Point Values**

Aging and Disability Resource Center Readiness Assessment Survey





# IT/MIS Capacity and Support

#### **Data Storage and Sharing (cont.)**

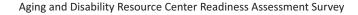
	Data Otorage and Gharing (Cont.)		
Yes No Don't Know	102.	Electronic records are backed up regularly and appropriately.	
Yes No Don't Know		Electronic copies of client records are stored off-site.	
Yes No Don't Know	104.	Formal data sharing agreements have been developed with key partnering organizations.	
Yes No Don't Know	105.	The IT/ MIS system accommodates routine electronic transfer of information to and from partnering organizations.	









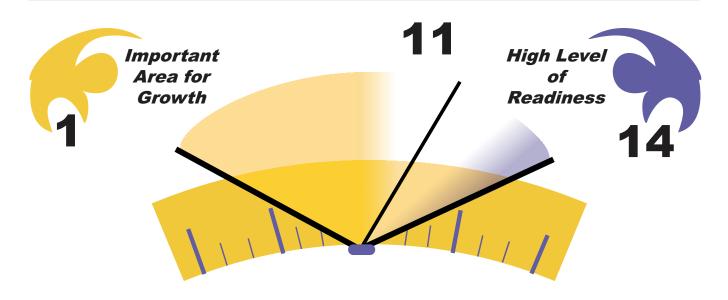






#### Program Area

# **IT/MIS Capacity and Support**



DRCs should have management information systems in place that support and streamline the functions of the program including client intake, needs assessment, care plans, tracking, utilization and costs. Procedures and policies should be in place to ensure the accuracy of data, regularly back-up files, and protect consumer privacy.

In addition, the ADRC should regularly train staff in how to use IT systems and make technical support available.

#### Suggested Resources

Moving Forward:

Opportunities for IT Advances in the Aging Network

http://www.adrc-tae.org/tiki-download\_file.php?fileId=26984

ADRC-TAE Tool:

Selecting an IT/MIS Vendor Checklist and Timeline

http://www.adrc-tae.org/tiki-download\_file.php?fileId=26654

ADRC-TAE Issue Brief:

Aging and Disability Resource Centers and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

http://www.adrc-tae.org/tiki-download file.php?fileId=1676

More resources and tools for developing Information Technology and Management Information Systems are available on the ADRC-TAE Website

http://www.adrc-tae.org/tiki-index.php?page\_ref\_id=808



#### **Point Values**

Aging and Disability Resource Center Readiness Assessment Survey

(Questions 106—111)



# **Partnerships**

Yes No Don't Know	106.	The organization has at least one formal partnership (characterized by an MOU, contract, or written agreement/protocol) with another organization in the community that serves older adults.
Yes No Don't Know	107.	The organization has at least one formal partnership (characterized by an MOU, contract, or written agreement/protocol) with another organization in the community that serves people with disabilities.
Yes No Don't Know	108.	The organization has a formal partnership with the State Medicaid Agency or Local Medicaid Agency (characterized by an MOU, contract, or written agreement/protocol) in place with either the State Medicaid Agency or a Local Medicaid Agency (Note: Answer yes, if you organization is a State or Local Medicaid agency).
No Don't Know	109.	The organization has a formal strategy for recruiting and developing partners to ensure representation of diverse populations served by the organization.
	110.	The organization has formal partnerships (characterized by an MOU, contract, or written agreement/protocol) with the following types of organizations:  The organization has no formal partnership, but informally partners with organizations in the community
	111.	Representatives of key partnering agencies are involved in the following activities in partnership with this organization (check all that apply):  Strategic planning
This Area Total		





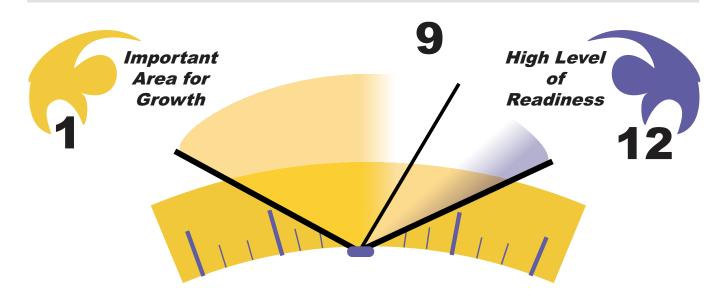
Please see the Glossary at the back of this booklet for more information





#### Program Area

## **Partnerships**



Successful ADRCs have formal partnerships with a range of organizations in their communities, and they continuously look for and cultivate new strategic partnerships. Formal partnership are characterized by written agreements, Memoranda of Understanding (MOUs), referral protocols, cross-training of staff from partnering agencies, data sharing, electronic transfer of information, and collaboration in outreach and marketing. At a minimum, ADRCs should actively coordinate with the Single State Medicaid Agency, the Single State Agency on Aging, and the State Agencies serving people with disabilities. ADRCs should also establish partnerships with the State Health Insurance Assistance Program (SHIP) and other programs instrumental to ADRC activities, such as Area Agencies on Aging and Centers for Independent Living.

There must also be collaboration with programs and services such as home- and community-based service providers, residential care alternatives including assisted living, nursing facilities and other institutional service providers, and hospitals.

#### Suggested Resources

ADRC-TAE Training Handout: Partnership Topic Overview http://www.adrc-tae.org/tiki-download\_file.php?fileId=26846

ADRC-TAE Issue Brief - Strategies for Building Collaboration

http://www.adrc-tae.org/tiki-download\_file.php?fileId=2820

ADRC-TAE Issue Brief: Engaging Medicaid Agencies About ADRCs http://www.adrc-tae.org/tiki-download\_file.php?fileId=26973

More resources about developing partnerships are available on the ADRC-TAE Website

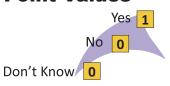
http://www.adrc-tae.org/tiki-index.php?page\_ref\_id=788



#### **Point Values**

Aging and Disability Resource Center Readiness Assessment Survey





# **Program Evaulation**

Yes No Don't Know	112.	The organization has a formal plan for evaluating and monitoring services.
Yes No Don't Know	113.	The organization routinely collects feedback from all of the populations served by the program.
Yes No Don't Know	114.	The organization routinely analyzes data regarding use of the agency's services and resources by consumers.
Yes No Don't Know	115.	There are procedures in place for using consumer satisfaction data to address problems that may be identified with the program or services.
Yes No Don't Know	116.	The organization has a process for using evaluation data to improve operations and services.
Yes No Don't Know	117.	The organization produces reports and shares information with stakeholders, partners and consumers about its activities and outcomes.





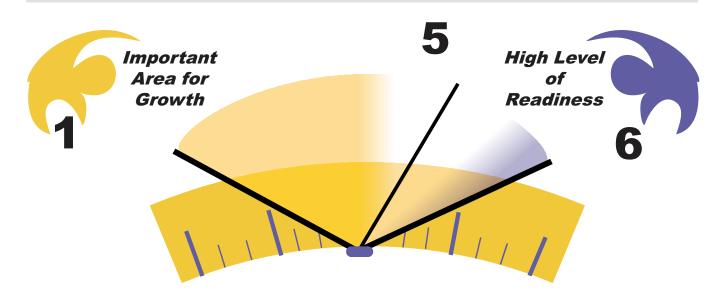






#### Program Area

# **Program Evaulation**



DRCs should have a formal plan for evaluating and monitoring services and sharing evaluation information with consumers, partners, and other stakeholders. At a minimum, ADRCs should have performance goals and indicators related to visibility, trust, ease of access, responsiveness, efficiency and effectiveness.

Procedures should be in place for collecting feedback from all of the populations served by the program, and for using the feedback collected to address problems and improve services. ADRCs should also inform consumers of complaint and grievance policies and have the ability to track and address complaints and grievances.

ADRCs should have the ability to track the average time it takes consumers to complete the eligibility determination process for public programs from first contact to final determination. Well-developed ADRCs can demonstrate their impact on nursing home use and home- and community-based services in their communities.

#### Suggested Resources

ADRC-TAE Tool: Evaluation Guidelines for Assessing ADRC Project Progress and Accomplishments

http://www.adrc-tae.org/tiki-download\_file.php?fileId=696

Administration on Aging: Criteria for a Fully Functioning ADRC

http://www.adrc-tae.org/tiki-download\_file.php?fileId=27036

ADRC-TAE Tool:

Measuring Options Counseling: Goals and Objectives Grid http://www.adrc-tae.org/tiki-download\_file.php?fileId=26256

ADRC-TAE Issue Brief: Options for Assessing the Impact of ADRCs on Long Term Care Costs

http://www.adrc-tae.org/tiki-download file.php?fileId=26985







### **Glossary of Terms**

#### **Advisory Body**

An advisory body might be a Board of Directors, an Advisory Board, or an Advisory Committee - a group of stakeholders that guide the activities of the organization, advise staff on program development and services, and monitor the organization's activities.

#### **Alliance Of Information And Referral Systems (AIRS)**

The Alliance of Information and Referral Services awards professional credentials to individuals who successfully complete the appropriate AIRS Certification Program for I&R practitioners. Certification is a measurement of documented ability in the field of I&R reflecting specific competencies and related performance criteria, which describe the knowledge, skills, attitudes and work-related behaviors needed by I&R practitioners to successfully execute their duties. Three types of certification are available:

- CIRS Certification for I&R Specialists
- CIRS-A Certification for I&R Specialists in Aging
- CRS Certification for Resource Specialists

#### **AoA/CMS Vision For ADRCs**

The Administration on Aging/Center for Medicare and Medicaid Services vision is to have Aging and Disability Resource Centers in every community serving as highly visible and trusted places where people of all incomes and ages can get information on the full range of long term support options and a single point of entry for access to public long term support programs and benefits.

#### **Crisis Intervention Services**

Crisis intervention services would include Adult Protective Services, emergency medical services and emergency mental health services.

#### **Cross Training Of The Staff Within The Organization**

Cross-training within the organization would involve having staff members learn the job skills of other positions in the organization so they can fill in for co-workers or rotate. For example, it might involve training benefits counselors to perform the job duties of information and referral specialists.









#### **Cross Training Staff With Staff Of Partnering Organizations**

Cross-training with other organizations would involve employees of other organizations providing training and information to staff about their organizations' services, resources and programs and/or having staff of this organization train staff in other organizations about its services, resources and programs.

#### **Established Minimum Qualifications**

The organization should have established minimum qualifications for its director that would include qualification such as: The ADRC director should have experience and capacity in team process management, including performance measurement, budgeting, staff training, management of subcontracts, public education, public awareness, community and provider relations, program review, quality oversight and maintenance of advisory committees.

#### **Health Insurance Portability And Accountability Act**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104–191, was enacted on August 21, 1996. It requires the U.S. Department of Health and Human Services (DHHS) to adopt national uniform standards for electronic transmission of health information; develop standard, unique identifiers for every health provider, employer, health plan, and patient; and adopt standards to assure the security and privacy of individually identifiable health information.

#### **New Staff Training**

New staff training would include training or orientation activities provided to new employees when they join the organization.

#### **Ongoing Staff Training**

Ongoing staff training would include training, professional development, or skills development activities that existing employees receive on some kind of routine or regular basis so they stay up to date on service standards, acquire new skills, and are introduced to new policies, services or program features.

#### **Options Counseling**

Options counseling is defined as an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumer's needs, preferences, values, and individual circumstances.











#### Other Local And Statewide I&R/A Providers

Other I&R/A providers in the state might include Area Agencies on Aging, Centers for Independent Living, 2-1-1, and United Way.

#### **Significant Consumer Representation**

Significant consumer representation would be characterized by having individuals on the advisory body that represent all the different types of populations the organization serves or works with (e.g. older adults, individuals with disabilities, family caregivers, minority populations).

#### **Universally Accessible**

The two most authoritative sets of guidelines for developing websites that are universally accessibility to people with visual, auditory, motor and cognitive disabilities are:

- Section 508 of the federal Rehabilitation Act amended in 1998 includes enforceable requirements for technology accessibility: http://www.section508.gov/index. cfm?FuseAction=Content&ID=3)
- The World Wide Web consortium (W3C), a member organization that develops Web standards, maintains well-respected Accessibility Guidelines as part of the Web Accessibility Initiative (http://www.w3.org/WAI/). These guidelines are much more comprehensive than the Section 508 standards, and they are paired with corresponding coding techniques.

